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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

		Complete if Known	
		Application Number	10/664,270-Conf. #3421
		Filing Date	September 17, 2003
		First Named Inventor	Michael Cochran
		Examiner Name	H. Song
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2131
TOTAL AMOUNT OF PAYMENT (\$)		50.00	
		Attorney Docket No.	35997-215365

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
43	- 42 = 1	x 50.00	= 50.00	Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
3	- 3 = 0	x	=		

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 (round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY					
Signature	Kavita B. Lepping	Registration No. (Attorney/Agent)	54,262	Telephone	(202) 344-4000
Name (Print/Type)	Kavita B. Lepping			Date	May 1, 2007



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Inventor: Michael Lloyd Cochran

Application No. 10/664,270

Confirmation No. 3241

Filed: September 17, 2003

For: Boot Up and Hard Drive Protection
Using a USB-Compliant Token

Art Unit: 2131

Examiner: Hosuk Song

Atty. Docket No. 35997-215365

Customer No.

26694

PATENT AND TRADEMARK

Amendment and Reply

Commissioner for Patents
Mail Stop Fee Amendment
P. O. Box 1450
Alexandria, VA 22313-1450

In Response to the Office Action of February 6, 2007, Applicants submit the following Amendment and Reply. It is not believed that fees are due with the filing of this paper. If such fees are due, please charge Deposit Account No. 22-0261 and notify the undersigned accordingly.

Amendments to the Claims are reflecting in the Listing of Claims which begins on page 2 of this paper

Remarks begin on page 10 of this paper.

Submitter: MICHAEL COCHRAN 35997-215365-0
05/03/2007 YPCITE1 03368826 220261 10664270
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